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## TREATMENT OF MINORS POLICY

No elective or non-emergency medical/surgical procedures may be performed on a patient without a valid consent. Minors under the age of **18** not accompanied by a biological parent or legal guardian must present a biological parental or legal guardian note with the information listed below to obtain evaluation and treatment.

If the biological parent/legal guardian is not available to sign the consent, a note must accompany the minor indicating the following:

- Minor's name
- Minor's date of Birth
- The name of dermatologist treating the minor
- The procedure that the parent is consenting to for the minor child(if applicable)
- The printed name and signature of the parent or guardian

I authorize Dr. or ARNP \_\_\_\_\_ to treat (name of patient) \_\_\_\_\_,  
date of birth \_\_\_\_\_, for \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian (Printed)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date